

WORKERS' COMPENSATION QUESTIONNAIRE
TO BE TREATED IN A CONFIDENTIAL MANNER
USE IS RESTRICTED

IF YOU NEED MORE SPACE TO ANSWER THE QUESTIONS, USE THE LAST PAGE PLEASE.

QUESTIONS RELATED TO ILLNESS AND EXPOSURE:

1. AT WHICH DOE FACILITY DID/DO YOU WORK? _____

2. NUMBER OF YEARS EMPLOYED AT DOE: _____

3. OCCUPATION AT TIME OF EXPOSURE: _____

4. EMPLOYER AT TIME OF EXPOSURE: _____

5. DO YOU NOW HAVE OR HAVE YOU EVER HAD AN ILLNESS YOU BELIEVE TO BE RELATED TO YOUR WORK AT A DOE FACILITY? ☐ yes ☐ no (If no, questionnaire is complete)

5a. IF YES, PLEASE DESCRIBE: _____

6. WHAT YEAR DID THIS ILLNESS BEGIN? _____ ARE YOU STILL ILL? ☐ yes ☐ no

7. HAVE YOU BEEN SEEN BY A DOCTOR FOR THIS ILLNESS? ☐ yes ☐ no

7a. IF YES:

WHAT TYPE OF DOCTOR DID YOU SEE? ☐ Family Doctor ☐ Occupational Medicine Doctor

☐ Specialist Doctor ☐ Other type of Doctor, please describe: _____

WHAT WERE THE DOCTOR'S FINDINGS? _____

7b. IF YOU HAVE NOT SEEN A DOCTOR, WHY NOT? _____

8. WHAT DO YOU THINK YOU WERE EXPOSED TO THAT CAUSED THIS ILLNESS? (Name the Substances, If Known, And Tell Us How You Were Exposed) _____

9. DO YOU STILL WORK AT THE SAME JOB WHERE YOU WERE EXPOSED? ☐ yes ☐ no

9a. IF NO: WHY NOT? _____

QUESTIONS RELATED TO WORKERS' COMPENSATION:

10. HAVE YOU FILED FOR STATE WORKERS' COMPENSATION FOR THIS CONDITION? ☐ yes ☐ no

10a. IF YES: WHAT YEAR DID YOU FILE AND IN WHAT STATE? _____

11. DID YOU USE OR NEED ASSISTANCE IN FILING YOUR CLAIM? ☐ yes ☐ no

11a. IF YES: WHERE DID YOU GO FOR HELP? ☐ UNION ☐ CO-WORKER
☐ FAMILY MEMBER OR FRIEND ☐ ATTORNEY ☐ HEALTH PROVIDER
☐ STATE AGENCY ☐ OTHER, Please describe: _____

12. HAVE YOU RECEIVED ANY BENEFITS? ☐ yes ☐ no

12a. IF YES: WHAT KIND OF BENEFITS HAVE YOU RECEIVED OR ARE YOU RECEIVING NOW AND FOR HOW LONG? _____

12b. WERE THESE BENEFITS ADEQUATE? ☐ yes ☐ no Please explain your answer. _____

13. IF YOU WERE DENIED BENEFITS, WHAT WAS THE REASON? _____

14. IF YOU DID NOT FILE FOR WORKERS' COMPENSATION, PLEASE TELL US WHY. _____

QUESTIONNAIRE CONTINUES ON THE NEXT PAGE

2

15. IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOUR EXPERIENCE WITH THE WORKERS' COMPENSATION PROCESS? _____

THANK YOU FOR SHARING THIS INFORMATION WITH US. THIS INFORMATION WILL BE USED AS THE GOVERNMENT INVESTIGATES DOE WORKER ILLNESSES AND POTENTIAL COMPENSATION.